

STATE OF KANSAS KANSAS DEPARTMENT of AGRICULTURE

1320 Research Park Dr Manhattan KS 66502 Phone (785) 564-6601 Fax (785) 564-6778 http://agriculture.ks.gov We accept Visa, Master Card, Discover Use the KDA <u>credit card</u> form

Make checks out to: KDA License Year Oct. 1, 2015 to Sept. 30, 2016

2015-2016 Application for Kansas Boarding and Training License Fee \$95.00

Renewal Application
New Application

New Application	Incomplete applications will not be processed	ed.
I am applying for: Boarding	g Kennel Training Kennel Both	RENEWAL DUE BY: September 30, 20:
		erson who operates an establishment where four or training or similar purposes for a fee or compensation.
County	State License #	
I have a current veterinary care form on file with the Kansas Pet Animal Act or	the AFI program per	urrent veterinary care form
Premise/Business Name		
Owner/Operator Name		
Annell annella Bartita - Antonas		City & Zip
Premises Physical Address (NOT PO Box)		City & Zip
Home Phone	Cell Phone	Fax Number
Work Phone	_ E-mail	Required to receive electronic notices/updates
Social Security/ FEIN #	· · · · · · · · · · · · · · · · · · ·	B9. The information shall be used to provide your name, er to the director of taxation upon his/her request.
Normal Inspection hours 7:00am to 7:00pm, Monday		
Designated Representative* see below	· · · · · · · · · · · · · · · · · · ·	nated Representative Phone
Designated Representative See Selow	Design	
Directions to premises		
Maximum capacity of dogs on this premises	Current number of dogs on premises	Of which are personal pets.
Maximum capacity of cats on this premises	Current number of cats on premises?	Of which are personal pets.
Have you or any of your employees ever been convict relating to theft or cruelty to animals?	·	er of explanation MUST be attached.
I understand that Kansas law permits that a licensee in inspected upon complaint. I hereby consent to the in Agriculture. I understand and agree that by signing the in my custody adequate veterinary care as defined in that in order to verify my compliance with this required Department of Agriculture may contact my veterinaries medical records, reflecting adequate veterinary care to understand that a willful disregard of any provision of adopted thereunder may subject the licensee to suspup to \$1000 per violation and/or criminal penalties. I application form may be grounds for denial, suspension contained within this application is true and correct to applications not postmarked by 8-14-14 will be assess fee of \$30.00 for checks which are dishonored and reference in the supplication of the supplication and reference in the supplication of the supplication and reference in the supplication is true and correct to applications not postmarked by 8-14-14 will be assessed the supplication is true and correct to a supplication is true and correct to applications not postmarked by 8-14-14 will be assessed to the supplication is true and correct to applications not postmarked by 8-14-14 will be assessed to the supplication is true and correct to applications not postmarked by 8-14-14 will be assessed to the supplication is true and correct to applications not postmarked by 8-14-14 will be assessed to the supplication is true and correct to application is true and correct to application in the supplication is true and correct to applications and the supplication is true and correct to application is true and correct to application in the supplication is true and correct to application in the supplication is true and correct to application in the supplication is true and correct to application in the supplication is true and correct to a supplication in the supplication is true and correct to a supplication in the supplication is true and correct to a supplication in the supplication is true and correct to a supplication i	nspections by the Kansas Department of this form I am required to provide to the animals K.S.A. 47-1701 (dd)(1). I understand and agree rement, authorized representatives of the Kansas ian and request written verification, including treatment of the animals in my custody. I of the Kansas Pet Animal Act or of any regulations pension or revocation of the license and/or fine of I understand that a material misstatement in this ion or revocation of a license. The information to the best of my knowledge. All RENEWAL sed a \$70.00 late fee. There is a returned check	conducted and shall notify the commissioner in writing of the name of the designated representative. The designated representative shall be 18 years of age or older. The owner or operator
Owner signature		
Printed Name		Date
	TO BE COMPLETED BY KDA STAFF ONL	
BTK _		20.00

Transaction #

AHL:

CC/CK#